



Louisville Metro Air Pollution Control District

Periodic Report Form AP-500B

Annual Certification

Deliver application to:
850 Barret Avenue
Louisville, KY 40204

(502) 574-6000
FAX: (502) 574-5137
www.louisvilleky.gov/apcd
airpermits@louisvilleky.gov

Plant Information

Certification Period: From January 1, 20__ to December 31, 20__.

Plant Name:		Plant ID
Street Address:		ZIP Code:
Mailing Address:	City:	State/ZIP:
<input type="checkbox"/> Owner: e-mail address:		<input type="checkbox"/> Change since last certification?
<input type="checkbox"/> Operator: e-mail address:		<input type="checkbox"/> Change since last certification?
<input type="checkbox"/> Billing: e-mail address:		<input type="checkbox"/> Change since last certification?

Equipment has been removed since the last Certification submission. ☐ Yes ☐ No

Description	Manufacturer	Model	Date Removed

Equipment has been added or modified since the last Certification submission. ☐ Yes ☐ No

Description	Manufacturer	Model	Construction Permit #

Responsible Official Certification

☐ I have operated in accordance with the authorization issued to me by LMAPCD on _____
(date)

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in this document are true, accurate, and complete.

BY:

Typed or Printed Name of Signatory

Date

Authorized Signature

Title of Signatory

Instructions for Certification Form AP-500B

This form must be completed by the permitted company for each calendar year of operation and received by APCD no later than June 30 of the following year.

Plant Information

Plant Name Enter the plant name exactly as it appears in Form AP-100A or Form AP-500A, whichever was originally submitted for this source.

Plant ID This is the identification number assigned to the source by the District.

Street Address The physical location of the facility.

Mailing Address The address to which any regulatory correspondence should be mailed.

Owner The person who owns the business or corporate officer designated as being responsible for overseeing the business.

Operator The person responsible for overseeing the day-to-day operation of the permitted facility.

Billing Person to whom billing issues should be addressed.

- Place a check in the box next to the person who should receive regulatory correspondence from the District.
- Please mark clearly any of the information in this section that has changed since the last certification was submitted.

Equipment Removed Since Last Certification

Indicate by checking the appropriate box whether any permitted equipment has been permanently removed from service and has not previously been reported as having been removed. List this equipment in the spaces provided

Description What is the nature of the removed equipment. (Dry cleaning machine, paint spray booth, etc.) Include the permit number for the equipment, if known.

Manufacturer If the equipment is commercially produced, enter the manufacturer's name. If the equipment is self-constructed (home-made,) state this.

Model Enter the model number of the equipment being described, if known.

Date Removed Enter the date the equipment was removed from service.

Equipment Added Or Modified Since Last Certification

Indicate by checking the appropriate box whether any equipment has been installed or modified by the facility. List this equipment in the spaces provided. Any equipment which has been installed or modified without a construction permit from the District should also be listed here and a completed Construction Permit Application attached to this Certification. If equipment was added or modified and no construction permit was required, attach a separate sheet describing the equipment addition or modification and why a permit is not required.

Description What is the nature of the new or modified equipment. (Dry cleaning machine, paint spray booth, etc.)

Manufacturer If the equipment is commercially produced, enter the manufacturer's name. If the equipment is self-constructed (home-made,) state this.

Model Enter the model number of the equipment being described, if known.

Construction Permit # Enter the identification number of the Construction Permit issued by the District prior to this equipment's installation or modification. If no permit was issued, attach a completed application.

Responsible Official Certification

Check Box Check this box if you have met all of the requirements of your current authorization and operate no more equipment than is listed on that authorization. Enter the date that your operating permit or registration was issued in the space provided. **If you have added equipment without receiving a permit from APCD, you should NOT check this box.**

Signature Block The accuracy of the information in this form must be certified by a properly designated responsible official of the company.